

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43911
State File No. _____
Registrar's No. 2366

FILED JAN 8 1947 84

Primary Registration District No. 200

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis Co.
(b) City or town St. John's Station
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 8932 Pallardy Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 2

3. (a) PRINT Harry B. Lajeunesse
FULL NAME

3. (b) If veteran, No name war _____
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Caroline Lajeunesse 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 4, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business

MOTHER FATHER { 12. Name August Lajeunesse
13. Birthplace Missouri
14. Maiden name Gay Lammie (State or foreign country)
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Lajeunesse

(b) Address 8932 Pallardy

17. (a) Burial (b) Date thereof Dec. 17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Modiamont Ave.

19. (a) DEC 14 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. John's Station
(If outside city or town limits, write "RURAL")
(d) Street No. 8932 Pallardy Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 12th
1940 to Dec 13th 1940
that I last saw him alive on Dec 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs
Duration

Due to _____
Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 131
Of autopsy none
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Arnold H. Murrer (M. D. or other) MD
Address 8900 St. Charles Rd Date signed 12/14/40

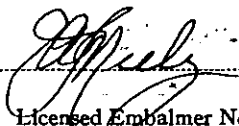
In Witness Whereof
I have signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. No. 3225

P. O. Address 1125 Hodiament Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.